

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE  
ADDRESS**

Application Number	See attached Exhibit A
Filing Date	See attached Exhibit A
First Named Inventor	See attached Exhibit A
Art Unit	See attached Exhibit A
Examiner Name	See attached Exhibit A
Attorney Docket Number	See attached Exhibit A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **57449**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **57449**

OR

☐ Firm or Individual Name:

Address					
City		State		Zip	
Country					
Telephone			Email		

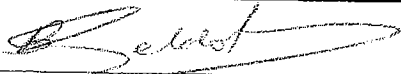
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature				
Name	<i>Bernard Feld</i>			
Date	<i>May 31<sup>st</sup>, 2007</i>		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted. ☐ Submission includes \_\_\_\_\_ Statement under 37 CFR 3.73(b) form(s)

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450  
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.